

Attach two clear, full-face passport-style photographs (2"x2") of your head and shoulders, taken within the past six months.

Two photos are required with each application.

Staple one photo here and one in the square to the right.



**New Jersey Office of the Attorney General**

Division of Consumer Affairs

New Jersey State Board of Cosmetology and Hairstyling

124 Halsey Street, 6th Floor, P.O. Box 45003

Newark, New Jersey 07101

(973) 504-6400

Photo #2

## Application for Licensure by Endorsement

Check all that apply:

☐ Cosmetologist-Hairstylist

☐ Manicurist

☐ Skin Care Specialist

☐ Barber

☐ Beautician

Date : \_\_\_\_\_

A nonrefundable application filing fee of \$100.00 plus a licensing fee of \$60 during the first year of a licensing cycle, or \$30 during the second year of a licensing cycle, in the form of a check or money order made out to the State of New Jersey, must be submitted with this application (applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the examination/licensure process will be delayed until the fee is paid).

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

### Personal Information

Please provide a copy of your birth certificate, passport or valid New Jersey driver's license with this application.

Date of birth: \_\_\_\_\_  
Month Day Year

Place of birth: \_\_\_\_\_  
City State Country

1. Name ☐ Mr. \_\_\_\_\_  
☐ Mrs. \_\_\_\_\_ ( \_\_\_\_\_ )  
☐ Ms. \_\_\_\_\_  
Last name First name Middle initial Maiden name

2. Address

☐ Home: \_\_\_\_\_  
Street City State ZIP code County  
\_\_\_\_\_  
Telephone number (include area code) E-mail address

☐ Business: \_\_\_\_\_  
Name of company Telephone number (include area code)  
\_\_\_\_\_  
Street City State ZIP code County

☐ Mailing: \_\_\_\_\_  
Street or P.O. Box City State ZIP code County

### 3. Social Security Number

If you were issued a Social Security Number or an Individual Taxpayer Identification Number, you must provide it to the Board or Committee. Failure to do so may result in denial of licensure/certification/reinstatement/reactivation.

\* Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\* Individual Taxpayer Identification Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board or Committee is required to obtain this information. Pursuant to these authorities, the Board or Committee is also obligated to provide this information to:

***(For healthcare-related boards, the following a, b and c entries apply. For boards not related to healthcare, only the a and b entries apply.)***

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;
- b. the Probation Division or any other agency responsible for child-support enforcement, upon request; and
- c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

### 4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are an American citizen, please enclose a copy of your birth certificate or U.S. passport. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ U.S. citizen  
☐ Alien lawfully admitted for permanent residence in U.S.  
☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

### 5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual repayment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for repayment of your student loan.

### 6. Child Support (You must answer a, b, c and d.)

Please certify, under penalty of perjury, the following:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Do you currently have a child-support obligation?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) If "Yes," are you in arrears in payment of said obligation?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Have you failed to provide any court-ordered health insurance coverage during the past six months?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Are you the subject of a child-support-related arrest warrant?                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a through d may result in denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

\_\_\_\_\_  
Applicant's name (please print)

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

7. Have you ever changed your name? ☐ Yes ☐ No  
If "Yes," please submit with this application a copy of the marriage certificate, divorce decree or court order.
8. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No
9. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No  
If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)
10. Have you previously applied for a cosmetology/hairstyling, beauty culture, barbering, skin care specialty or manicuring license in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No  
If "Yes," when and where? \_\_\_\_\_
11. Do you currently hold, or have you ever held, a professional or occupational license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No  
If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license was issued under a different name, please provide that name.
- | Last name                      |        | First name   |  | Middle initial      |  |
|--------------------------------|--------|--|--|---------------------|--|
| Type of license or certificate | Number | State or jurisdiction that issued the license or certificate |  | Date issued/expired |  |
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| Type of license or certificate | Number | State or jurisdiction that issued the license or certificate |  | Date issued/expired |  |
12. Have you ever held a temporary license or limited permit in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No  
If "Yes," list the date of issuance and expiration and the jurisdiction where the temporary license or limited permit was granted.  
Date of issuance \_\_\_\_\_ Expiration date \_\_\_\_\_ Jurisdiction \_\_\_\_\_
13. Have you ever been cited for disciplinary reasons or denied a professional or occupational license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
14. Have you ever had a professional or occupational license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
15. Has any action (including the assessment of fines or other penalties) ever been taken against your professional or occupational practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
16. Have you ever been named as a defendant in any litigation related to the practice of cosmetology/hairstyling, beauty culture, barbering, manicuring or skin care specialty or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
17. Are you aware of any investigation pending against a professional or occupational license or certificate issued to you by a professional or occupational board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
18. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
19. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional or occupational group related to the practice of cosmetology/hairstyling, beauty culture, barbering, manicuring or skin care specialty or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 13 through 19, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

## Education and Training

N.J.A.C. 13:28-1.1(e)3 states:

“Applicants who have obtained training in another state or country shall demonstrate, by way of certification from the licensing authority in the state or country that such training is substantially equivalent to the training offered at cosmetology and hairstyling schools licensed in New Jersey. Applicants holding a license from another state or country who have engaged in the practice of cosmetology and hairstyling, beauty culture, barbering, skin care specialty, or manicuring for at least three years in that state or country, may submit, in lieu of the documentation of training required in this paragraph, a notarized affidavit of work experience and a letter of certification of licensure from the licensing authority in that state or country.”

1. What is the name and address of the high school you attended? \_\_\_\_\_
- \_\_\_\_\_  
Name of high school
- \_\_\_\_\_  
Street address City State ZIP code

2. How many years of high school have you completed? \_\_\_\_\_

3. Have you graduated from high school? ☐ Yes ☐ No

If “Yes,” what was or will be the date of your graduation? \_\_\_\_\_

Month Year

***Please provide a copy of your high school diploma or certified high school transcript with this application.***

If “No,” did you study to receive a G.E.D. certificate? ☐ Yes ☐ No

If “Yes,” please provide the name and address of the educational institution that issued your G.E.D. certificate and the date the certificate was issued. ***Please provide a copy of your G.E.D. certificate with this application.***

\_\_\_\_\_  
Name of educational institution

\_\_\_\_\_  
Street address City State ZIP code

\_\_\_\_\_  
Date certificate was issued

4. Have you attended a school of cosmetology and hairstyling, manicuring, barbering, skin care specialty, beauty culture or other vocational school? ☐ Yes ☐ No

If “Yes,” provide the name and address of the school, the dates you attended, the number of hours you’ve completed and indicate whether you have graduated. (Attach additional sheets of paper to this application if necessary.)

\_\_\_\_\_  
Name of school

\_\_\_\_\_  
Street address City State ZIP code

Dates attended: From \_\_\_\_\_ To \_\_\_\_\_

Did you graduate? ☐ Yes ☐ No No. hours completed \_\_\_\_\_

## Experience

Applicants need only list the work experience they've acquired in the fields of cosmetology/hairstyling, beauty culture, barbering, manicuring or skin care specialty.

**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State ZIP code

Telephone number: \_\_\_\_\_ *(include area code)* Hours per week: \_\_\_\_\_

Your major responsibilities (use additional sheets of paper if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

Immediate supervisor's name: \_\_\_\_\_

**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State ZIP code

Telephone number: \_\_\_\_\_ *(include area code)* Hours per week: \_\_\_\_\_

Your major responsibilities (use additional sheets of paper if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

Immediate supervisor's name: \_\_\_\_\_

**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State ZIP code

Telephone number: \_\_\_\_\_ *(include area code)* Hours per week: \_\_\_\_\_

Your major responsibilities (use additional sheets of paper if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

Immediate supervisor's name: \_\_\_\_\_

# AFFIDAVIT

**This affidavit is to be executed by the applicant before a notary public:**

State of: \_\_\_\_\_

County of: \_\_\_\_\_

} ss.

I, \_\_\_\_\_, in making this application to the New Jersey State Board of Cosmetology and Hairstyling for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the New Jersey State Board of Cosmetology and Hairstyling, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:5B-1 et seq., together with the Rules and Regulations of the New Jersey State Board of Cosmetology and Hairstyling, N.J.A.C. 13:28-1.1 et seq., and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

\_\_\_\_\_  
Signature of applicant

Sworn and subscribed to before me this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public

Affix seal here



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(973) 504-6400



## **Certificate of Experience from your Present or Former Employer**

I hereby certify that \_\_\_\_\_ has been employed as \_\_\_\_\_  
First name Middle initial Last name  
\_\_\_\_\_ in the \_\_\_\_\_  
Fill-in classification Name of shop  
shop, located at \_\_\_\_\_  
Street address City State ZIP code  
for the period from \_\_\_\_\_ to \_\_\_\_\_ covering \_\_\_\_\_ years and \_\_\_\_\_ months.

I believe him/her to be qualified under the New Jersey Cosmetology and Hairstyling Law (N.J.S.A. 45:5B-1 et seq.) to take an examination for a license. I am making this certification with the full knowledge that the New Jersey State Board of Cosmetology and Hairstyling relies on this certification to grant the applicant the privilege of examination.

\_\_\_\_\_  
Employer's name (please print)  
\_\_\_\_\_  
Employer's signature  
\_\_\_\_\_  
Date

**(Must be notarized)**

Sworn and subscribed to before me this \_\_\_\_\_  
day of \_\_\_\_\_ / \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name of Notary Public (please print)  
\_\_\_\_\_  
Signature of Notary Public





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## Verification of State License

**Note:** *This form is to be completed by the licensing authority in the state where you received your original license and returned from the licensing authority directly to the address stated above. A separate form must be used for each state. This form may be reproduced.*

Name of applicant: \_\_\_\_\_  
Last name First name Middle initial

The above-named applicant is a licensee of the State of \_\_\_\_\_ and was  
issued a license number \_\_\_\_\_ on \_\_\_\_\_  
Month Day Year

**The applicant was licensed by the following:**

- ☐ Examination: \_\_\_\_\_
- ☐ Endorsement/Reciprocity from the State of: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

**The license status is:**

- ☐ Current and in good standing expiring on: \_\_\_\_\_
- ☐ Revoked or suspended: \_\_\_\_\_
- ☐ Inactive/expired on: \_\_\_\_\_
- ☐ Other: (please attach explanation)

The licensee ☐ does ☐ does not have a record of disciplinary history with this agency. (Attach disciplinary information, if applicable.)

I hereby certify that to the best of my knowledge and belief, the foregoing is a true statement of the record of the individual on this form.

\_\_\_\_\_  
Name of Board

\_\_\_\_\_  
Name of person completing this form (please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





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## Physician's Certificate

I hereby certify that I have examined \_\_\_\_\_  
First name Middle initial Last name

whose address is \_\_\_\_\_  
Street address City State ZIP code

on \_\_\_\_\_ and found this person to be free from any evidence of infectious, contagious  
Date

or communicable diseases which could reasonably be expected to be transmitted during the course of rendering cosmetology and hairstyling, beauty culture, barbering, skin care specialty or manicuring services.

Physician's name \_\_\_\_\_  
Please print clearly

Date \_\_\_\_\_ Physician's signature \_\_\_\_\_

\_\_\_\_\_  
Street address City State ZIP code

## **SOURCES OF FOREIGN CREDENTIAL INTERPRETATION ASSISTANCE**

The independent and private professional organizations listed below in alphabetical order provide advisory assistance for the interpretation of specific foreign educational achievement in the United States. Each operates on a fee basis and supplies advisory interpretations directly to the requesting individuals, organizations, and agencies for their respective purposes and needs.

1. CONTINENTAL LANGUAGE SERVICES AND EDUCATIONAL CONSULTANTS: Foreign Educational Credential Evaluations performed in adherence to the guidelines stipulated by the National Council. The fee for services may vary in accordance with individual case load. Mr. Juan Jimenez is the Evaluation Director. For further information, please contact Mr. Juan Jimenez at telephone number (551) 486-2167, fax number (201) 861-8617, and address at 6600 Kennedy Boulevard East, Suite 12F, West New York, New Jersey 07093.
2. CREDENTIALS EVALUATION SERVICE OF THE INTERNATIONAL EDUCATION RESEARCH FOUNDATION: which is incorporated in the State of California as a nonprofit public service, provides an advisory evaluation for a fee. The International Education Research Foundation is held, in a private capacity by the University of Northridge California. Further information may be obtained from Credentials Evaluation Service, P.O. Box 24679, Los Angeles, California 90024, or by telephone number (310) 390-6276.
3. GLOBE LANGUAGE SERVICES: The evaluation standard followed are those approved by the National Council on the evaluation of foreign educational credentials, Dr. George Fletcher is the Evaluation Director and the fee may vary. Please contact: Applications and Services, 319 Broadway, New York, New York 10007, (800) 446-6228, or (212) 227-1994, and fax number at (212) 398-6894.
4. INTERNATIONAL CONSULTANTS INC. (ICI) OF DELAWARE: which is incorporated in the State of Delaware, provides advisory interpretations through its Credential Evaluation Services for a fee. International Consultants Inc. (ICI) of Delaware is headed in a private capacity by Mr. Gary Hopkins, Delaware Office, 109 Barksdale Professional Center, Newark, Delaware 19711, telephone number (302) 737-8715, and the California Office, P.O. Box 5399, Los Alamitos, California 90721, (213) 430-2405.

As noted, the interpretations or opinions of the aforementioned organizations are advisory only and are in no way binding on any U.S. or State institution, agency or organization, each of which has the responsibility and authority for making its own decisions on the recognition it chooses to accord to education credential under decentralized system of education in the United States.

This list is supplied for information purposes only, and in no way implies formal recognition or approvals by the Office of Education or the State of New Jersey of the agencies listed or their advisory interpretations.

1. Manicurists must provide proof of 300 hours of training at an approved school licensed in your state or country.
2. Skin Care Specialists must provide proof of 600 hours of training at an approved school licensed in your state or country.
3. Cosmetology and Hairstylists must provide proof of 1200 hours of training at an approved school licensed in your state or country.
4. Beauticians must provide proof of 1,100 hours of training at an approved school licensed in your state or country.
5. Barbers must provide proof of 900 hours or training at an approved school license in your state or country.

Please be advised that the Certification must be on the letterhead of the licensing authority or jurisdiction to the Board with the Official Seal Affixed to the Certification. The Board will not accept any authority or jurisdiction without the Official Seal Affixed. Please note all documents must be either in English or be translated into English and notarized.